

# Investigating vulval itch



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A number of conditions may present with vulval itch.

VULVAL itching is a common complaint that may present at any age. In the reproductive years, Candidiasis is often the cause, as the yeast requires oestrogen for growth, whereas other conditions such as lichen sclerosus are more often seen postmenopausally.

## Common causes of vulval itching:

### ALLERGIC REACTIONS

Soaps, bubble bath

Shampoos

Detergents

Sanitary pads or tampons

### INFECTIONS

Bacterial in childhood and post menopause

Candidiasis

Trichomonas

Bacterial vaginosis

Genital warts

### SKIN CONDITIONS

Dermatitis or eczema

Psoriasis

Lichen sclerosus.

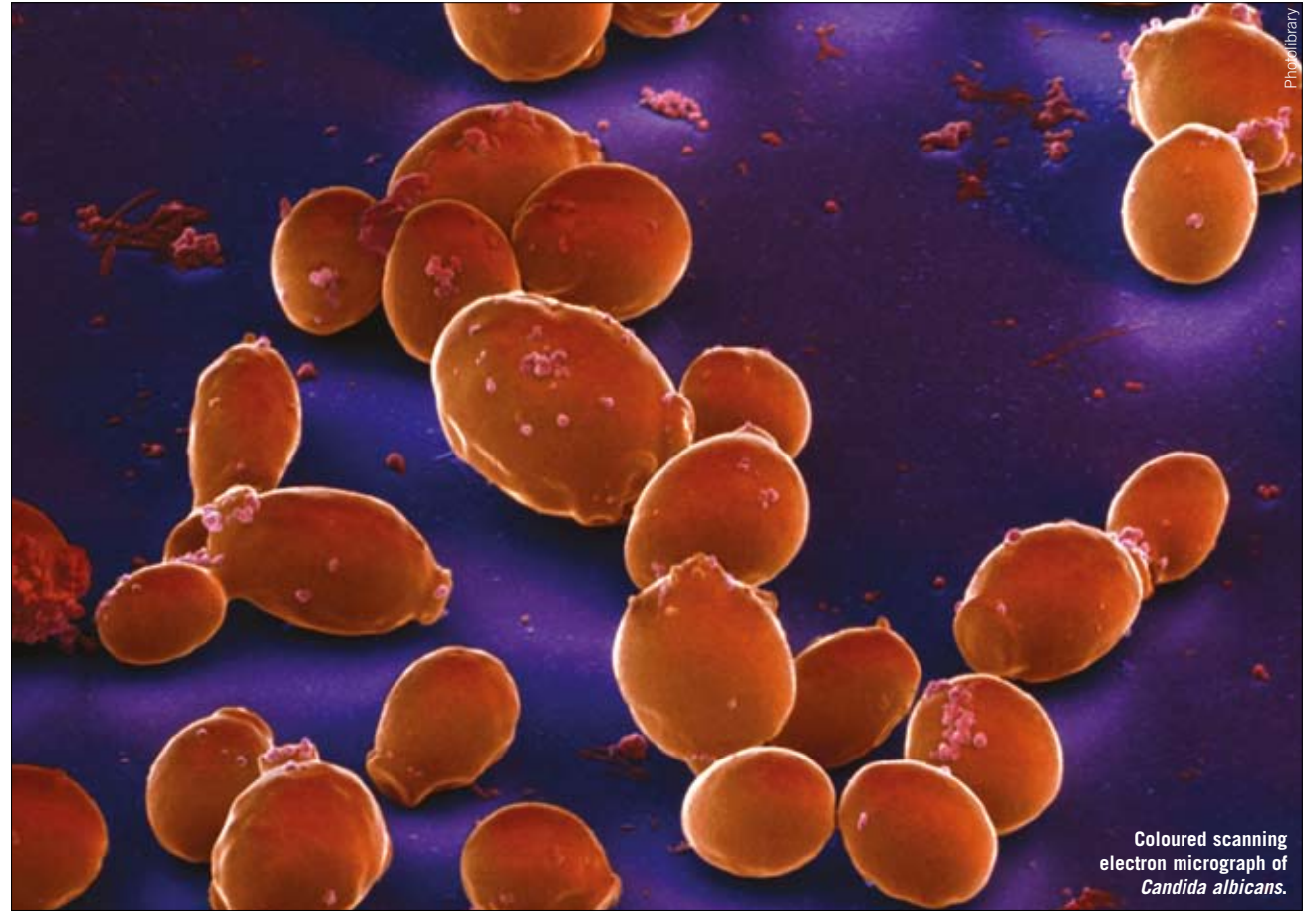
## CLINICAL PRESENTATION

It is important to determine the duration of symptoms and, in particular, what treatments have already been used.

Examination of the vulva is essential to assess the site of the irritation, the presence of a rash, redness, pallor or fissuring. Itching may also be associated with vaginal discharge that should be sent for examination to exclude a specific infective aetiology.

Self-diagnosis of 'thrush' is very common, as is use of over-the-counter products that may exacerbate the condition. Some women develop a contact dermatitis following chronic use of topical antifungal therapy.

When symptoms persist over a period of time, there is a cycle of itch, scratch, fissuring and secondary infection. Many women are embarrassed to discuss their problem, and symptoms may occur for



Coloured scanning electron micrograph of *Candida albicans*.

many years – older women particularly are often reluctant to mention this.

## VULVAL HYGIENE

Giving instructions about excluding an allergen is an essential part of management of the woman with vulval itch.

- Recommend washing the vulva with water and no soap or a soap substitute (if severe, bathing the vulva with water and a small amount of bicarbonate of soda is often soothing)
- Avoid shampoos, bubble baths or other bath or perfumed products
- Wear only cotton underwear, preferably washed in a pure soap (avoid scented washing detergents)
- Avoid tight clothes such as jeans or panty hose
- Use unscented toilet paper.

## CANDIDIASIS

This is the most common condition experienced by women in their reproductive years, with more than 75% of women having at least one infection in their lifetime.

Symptoms include vulvovaginal itching or burning and stinging while urinating, or during sex, and a thick, white discharge with a 'cottage cheese' appearance and yeasty smell. There is redness and swelling of the vagina or vulva and there may be fissuring in the labial skin, perineum or perianal areas.

Less than 5% of women have recurrent or intractable infections; that is, three or more infections per year unrelated to antibiotic therapy.

The organism causing the overgrowth is almost always *Candida albicans*, but

there are other species found occasionally. The most common of these is *Candida glabrata*, which is often resistant to treatment with commonly used antifungals.

The cause of the overgrowth of *Candida* is not always elucidated, but there are some common triggers: hormone therapy (either the oral contraceptive pill or hormone replacement therapy), antibiotic therapy, diabetes, pregnancy, chronic illnesses and the premenstrual phase of the menstrual cycle.

Treatment is usually with antifungal treatments used vaginally and/or orally. Recurrent infections may require long-term therapy with both vaginal and oral therapies. Boric acid intravaginal capsules are prescribed for the treatment of non-*C. albicans* species.

Referral to a dermatologist or gynaecologist with expertise in vulval conditions may be necessary when recurrent infections appear resistant to treatment.

## LICHEN SCLEROSUS

Lichen sclerosus is a skin condition occurring at any age and most commonly seen on the genital skin. It is more common in women. The main symptoms are itching, soreness, burning, and dyspareunia. The vulva, perineum and the perianal area are the most frequent sites affected.

Lichen sclerosus does not involve the vagina itself. The skin is often pale or whitish with plaque formation, fissuring, shrinking, loss of the labia minora and narrowing of the introitus. Adhesions may bury the clitoris and may adhere to the midline.

There is a small lifetime risk of developing squamous cell carcinoma of the

vulva, so correct diagnosis is important.

Diagnosis is by skin biopsy. Management of lichen sclerosus is vulval hygiene to relieve the itching and potent topical steroids with regular review to exclude malignancy.

## PSORIASIS

This chronic skin condition characterised by red scaly skin plaques occurs over many areas of the body, including the genitalia.

About one in 20 people of all ages have psoriasis. It occurs around the labia majora, perianal and post-anal areas, as well as up into the natal cleft. Vulval hygiene is important, and treatment is initially with topical ointments including steroids.

## VULVAL DERMATITIS

This condition can occur as either a burn or an allergic reaction that develops either acutely or slowly over a period of time to the application or the proximity of creams, ointments, soaps, sanitary pads and clothing.

An acute reaction will present with itching and blisters, whereas a slow reaction will result in redness, burning and swelling. It may also occur in association with other vulval conditions. Management is by stopping the irritant, using vulval hygiene recommendations and applying a steroid cream.

*The Jean Hailes Foundation for Women's Health is a national, non-profit health organisation focusing on practical education opportunities for health professionals and women.*